

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

NEIL H. BANDER

Serial No. 09/357,704

Filing Date: July 20, 1999

**For: TREATMENT AND DIAGNOSIS
OF PROSTATE CANCER**



Group Art: 1641

Examiner: Not yet assigned

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REQUEST FOR CORRECTION OF FILING RECEIPT

Assistant Commissioner for Patents
Office of Initial Patent Examination
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Sir:

Please make the following corrections to the Filing Receipt for the above-identified patent application. The corrections are also noted on the attached copy of the Filing Receipt.

1) Correct the information supplied in the section entitled CONTINUING DATA AS CLAIMED BY APPLICANT- to read:

--THIS APPLICATION IS A DIVISIONAL OF 08/838,682 FILED 04/09/97
WHICH CLAIMS THE BENEFIT OF PROVISIONAL APPLICATION NO. 60/016,976
FILED 05/06/96
AND PROVISIONAL APPLICATION NO. 60/022,125 FILED 07/18/96--

**CERTIFICATE OF MAILING
(37 C.F.R. §1.8a)**

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as First Class Mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

October 15, 1999
Date of Deposit

Felicia Reyes

Name of Person Mailing Paper

Felicia Reyes
Signature of Person Mailing Paper

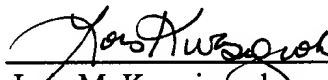
Please issue a Corrected Filing Receipt.

Counsel for applicant believes that no petition or fee is required. However, if the undersigned representative of Applicant is in error in this regard, then the Examiner is authorized to charge any fee required by the filing of these papers to Lyon & Lyon's Deposit Account No. 12-2475.

Respectfully submitted,
LYON & LYON LLP

Dated: October 14, 1999

By: _____


Lois M. Kwasigroch
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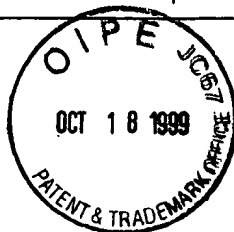
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTORNEY DOCKET NO.	DRWGS	TOT CL	IND CL
09/357,704	07/20/99	1641	\$380.00	242/024	11	20	2

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Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts of Application" ("Missing Parts Notice") in this application, please submit any corrections to this Filing Receipt with your reply to the "Missing Parts Notice." When the PTO processes the reply to the "Missing Parts Notice," the PTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s) NEIL H. BANDER, CHAPPAQUA, NY.

CONTINUING DATA AS CLAIMED BY APPLICANT-

PROVISIONAL APPLICATION NO. 60/016,976 05/06/96

PROVISIONAL APPLICATION NO. 60/022,125 07/18/96

} For the correct
wording here, please
see the Request for
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TITLE

TREATMENT AND DIAGNOSIS OF PROSTATE CANCER

PRELIMINARY CLASS: 424

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DATA ENTRY BY: BARNES, CAROL

TEAM: 01 DATE: 08/12/99

(See reverse for new important information)